

# Christian Leadership Certificate Program (CLCP) The Center for Urban Biblical Ministry (CUBM)

7418 Penn Avenue  
Pittsburgh, Pennsylvania 15208

## \*\*\* ENROLLMENT APPLICATION \*\*\*

Please print and clearly mark all responses:

1. Legal Name: \_\_\_\_\_  
Last First MI
2. Any other legal name?  Former \_\_\_\_\_  
Last First MI
3. Permanent Address: \_\_\_\_\_  
Street  
Apartment name and number \_\_\_\_\_  
City State Zip Code
4. Telephone: Home (\_\_\_\_\_) \_\_\_\_\_ Other (\_\_\_\_\_) \_\_\_\_\_ Ext \_\_\_\_\_
5. Personal Email Address \_\_\_\_\_
6. Date of birth: \_\_\_\_\_
7. Sex:  Male  Female
8. Marital Status:  Single  Married  Widow  Other \_\_\_\_\_
9. Employment: Name of employer \_\_\_\_\_  
Position \_\_\_\_\_ Work Hours \_\_\_\_\_
10. Church Membership: \_\_\_\_\_
  - a. Check One:  Christian Worker  Licensed Minister  Ordained Minister  Other: \_\_\_\_\_
  - b. Date of ordination (if applicable) \_\_\_\_\_
11. Describe ministerial responsibilities: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
12. How did you hear about CLCP? \_\_\_\_\_  
\_\_\_\_\_
13. References: list two people (address and telephone number) who can give witness to your Christian character, academic preparation and ministry effectiveness.  
Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_  
Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_
14. Applicant's Signature \_\_\_\_\_ Date: \_\_\_\_\_

**PLEASE SUBMIT WITH A \$25 APPLICATION FEE**

### FOR OFFICE USE ONLY

Date Rec'd \_\_\_\_/\_\_\_\_/\_\_\_\_ App Fee Pd (Y/N)\_\_\_\_ Admitted \_\_\_\_ Rejected \_\_\_\_ Hold \_\_\_\_